



**STATE OF NEW JERSEY  
DIVISION OF ALCOHOLIC BEVERAGE CONTROL**

**Enforcing the Underage  
Drinking Laws  
Grant Program**

**ARREST/CITATION REPORT FORM**

SUBGRANT ID #: \_\_\_\_\_

LAW ENFORCEMENT AGENCY: \_\_\_\_\_

CITY: \_\_\_\_\_

ESTABLISHMENT: \_\_\_\_\_

DATE OF ARREST: \_\_\_\_\_

TIME OF ARREST: \_\_\_\_\_

ARREST LOCATION: Licensee/Parking Lot: \_\_\_\_\_

ARRESTEE:        MINOR

ADULT

AGE \_\_\_\_\_

AGE \_\_\_\_\_

SEX \_\_\_\_\_

SEX \_\_\_\_\_

RACE \_\_\_\_\_

RACE \_\_\_\_\_

CHARGE(S) \_\_\_\_\_

CHARGE(S) \_\_\_\_\_

DISPOSITION:

COMMENTS:

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**\* This form must be submitted to DAG Susan Dolan, on a weekly basis, to: Division of ABC, PO Box 087, Trenton, NJ 08625-0087.**